

RENEWAL# \_\_\_\_\_  
NEW # \_\_\_\_\_  
START DATE: \_\_\_\_\_  
COMPLETED DATE: \_\_\_\_\_  
(IF APPLIES)



CITY OF LOMA LINDA  
FINANCE DEPARTMENT  
25541 BARTON RD  
LOMA LINDA, CA 92354  
PHONE # (909) 799-2846  
FAX # (909) 799-2893

### BUSINESS TAX APPLICATION

COMPANY NAME AND ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICAL LOCATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

#### TYPE OF OWNERSHIP

SOLE PROP.	CO-OWNER	PARTNERSHIP	CORPORATION	CHARITABLE
_____	_____	_____	_____	_____

Federal Employee ID # \_\_\_\_\_ Board of Equalization Resale# \_\_\_\_\_

SS# \_\_\_\_\_ State Employee # \_\_\_\_\_

State License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Classification: \_\_\_\_\_

Drivers License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**DUE DATE:** \_\_\_\_\_ **Business Tax Due:** \_\_\_\_\_

#### SOLE PROPRIETORS, PARTNERS OR COPORATE OFFICERS

NAME	TITLE	HOME ADDRESS & ZIP CODE	HOME PHONE #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. PRODUCT(S) SOLD/DESCRIPTION OF BUSINESS \_\_\_\_\_

2. SERVICE(S) RENDERED \_\_\_\_\_

OTHER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WEB SITE: \_\_\_\_\_

**I HEREBY DECLARE THAT ALL STATEMENTS ARE TRUE, CORRECT AND COMPLETE  
TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_